



Hawai'i Civil Rights Commission

Pre-Complaint Questionnaire - Access to State/Funded Services

830 Punchbowl St., Rm. 411 Honolulu, HI 96813 TEL: 586-8636 FAX: 586-8655 TDD: 586-8692

Directions: Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation of discrimination.

Date: _____

1. Information about you:

Name: _____
Last First Middle Initial(s)

Address: _____
Number/Street City Zip Code

Telephone: Home: _____ Work: _____

*Race/Ethnicity: _____ *Sex: _____

Social Security Number: _____ *Age & Date of Birth: _____

Name/Telephone/Address of a person to contact if we can't reach you:

2. State agency, program or activity that discriminated against you:

Name: _____

Address: _____
Number/Street City Zip Code

Island: ___ O'ahu ___ Kaua'i ___ Maui ___ Hawai'i ___ Moloka'i ___ Lana'i

Telephone: _____

3. I was discriminated against because of my:

(Check the protected basis)

☐ Disability (physical mental)

What is the disability: _____

☐ Retaliation (opposed discrimination)

4. I was discriminated against by being:

(Check the adverse action)

☐ Denied Participation

☐ Denied Accommodation

☐ Denied Benefits

☐ Other (specify): _____

5. Date of the last discriminatory exclusion or denial: _____

(Must be within the past 180 days)

6. Name(s) and job title of the person who discriminated against you:

7. What reason was given to you for the exclusion or denial:

8. How did you learn about the Civil Rights Commission:

Directions: Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	Describe the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Dates of Discrimination	Continuation of the Discriminatory Adverse Actions (Explain why the actions were because of your protected basis)

Witnesses Who Have Evidence of the Discriminatory Adverse Actions		
Name	Telephone (Home and Work)	Address

Closing Statement: I declare under penalty of perjury that the forgoing is true and correct.

Signature

Hawai'i Civil Rights Commission
Pre-Complaint Instructions and Checklist
ACCESS TO STATE and STATE-FUNDED SERVICES

This information is provided to help you decide whether or not your problem dealing with denial of access to State or State-Funded Services can be handled by the Civil Rights Commission (CRC). **IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A COMPLAINT.**

If you have difficulty understanding these instructions or have any questions, call the Hawai'i Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636); Maui: 984-2400 (ext. 6-8636); Hawai'i: 974-4000 (ext. 6-8636); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636).

Enclosed is a Pre-Complaint Questionnaire. Please fill it out and return it as soon as possible. You will then be called to set up an appointment for an interview with Commission staff. If you are not called within 30 days after you return it to us, please call us. At this interview be prepared to provide the staff with information and bring any documents you have which will help us to understand your problem. **IF YOU DO NOT SEND IN A COMPLETED PRE-COMPLAINT QUESTIONNAIRE YOU WILL NOT RECEIVE AN APPOINTMENT.** If you have a specific problem, such as a language difficulty, that makes it hard for you to fill out the Pre-Complaint Questionnaire, please call us.

WARNING--YOUR RETURN OF A COMPLETED PRE-COMPLAINT QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A COMPLAINT--YOU MUST STILL FILE AN OFFICIAL COMPLAINT WHICH A COMMISSION STAFF PERSON CAN ASSIST YOU WITH AFTER YOUR INTERVIEW.

SECTION I

We can only take complaints of illegal discrimination. This means that you can't be excluded from participation in, be denied the benefits of, or be subjected to discrimination by state agencies or state funded services because of your disability.

The Commission does not handle any unfair treatment that is not due to one or more of the above reasons.

SECTION II

It is not easy to prove discrimination. In order to file a complaint, you must have information to explain why you believe the unfair treatment was because of your disability, as stated in Section I. When we investigate your case, we need either direct evidence (derogatory comments, harassment) or we need to find evidence that you were treated differently because of your disability.

SECTION III

The state statute of limitations for filing complaints with the Hawaii Civil Rights Commission is 180 days after the date upon which the alleged discriminatory practice occurred or the last occurrence in a pattern of ongoing discriminatory practice.

THEREFORE, IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER FIVE (5) MONTHS AGO and near this statute of limitations for filing a complaint, call the Hawaii Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636); Maui: 984-2400 (ext. 6-8636); Hawai'i: 974-4000 (ext. 6-8636); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636) and ask to speak to an investigator. Any delay may cause a time problem that could prevent us from accepting your complaint.

Remember: ***IT IS ILLEGAL FOR A STATE OR STATE-FUNDED ENTITY TO RETALIATE AGAINST YOU FOR FILING A COMPLAINT OR FOR CONTACTING THIS COMMISSION.***

Call the Hawai'i Civil Rights Commission office if you have any questions.